

FAIRFAX COUNTY ASBESTOS REMOVAL CERTIFICATION
DEPARTMENT OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES
PERMITS DIVISION
12055 GOVERNMENT CENTER PARKWAY
FAIRFAX, VIRGINIA 22035-5504
703-222-0801

This form is to be completed by the owner or the owner's agent upon the completion of an asbestos removal or abatement project and must be returned to the Permits Branch at the address above. This form is used in lieu of inspections by Fairfax County inspection staff and is needed for the recordation of work completed under an asbestos removal permit. Failure to return a completed form will result in permit expiration without any record of the work having been performed. Original signatures are required on all "asbestos removal certification" (copies are not acceptable).

REMOVAL CERTIFICATION FORM:

Address of structure _____

Description of affected portion of structure: Floor _____ Suite _____

OWNER INFORMATION:

Name: _____

Address: _____

Phone: (_____) _____

CONTRACTOR INFORMATION:

Fairfax County asbestos removal permit # _____

Date of asbestos removal completion: _____

Contractor firm: _____

Contact person: _____ Phone: (_____) _____

License number: _____ Expiration Date: _____

I certify that the above information is true and correct and that the removal or abatement of asbestos containing material was performed in accordance with the requirements outlined in the current edition of the *Virginia Uniform Statewide Building Code*:

Signature of Owner or Owner's Agent *Date*

Printed Name *Position or Title*